ATTORNEY OR	PARTY WITHOUT ATTORNEY (Name and Address):	FOR COURT USE ONLY
TELEPHONE NO		
E-MAIL ADDRESS		
ATTORNEY F		
	COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRE		
MAILING ADDRE		
CITY AND ZIP CO		
BRANCH NA		
CHILD'S NAM	VIE:	
		Attachments
ADDLICATI	ON FOR ORDER FOR REVOLUTRORIC MEDICATION - HIVENILE	CASE NUMBER:
APPLICATI	ON FOR ORDER FOR PSYCHOTROPIC MEDICATION—JUVENILE	
1. The child 602,	is a dependent ward of the court under Welfare and Institut and was removed from the custody of his or her parent or guardian on (date	
2. Child's da	te of birth: Child's weight:	
	is currently placed in:	
relat	ive's home foster home group home juvenile	hall camp
C otho	r (specify):	
4. Applicant		Letter or Declaration by Physician included as Attachment 4.
	physician	included as Attachment 4.
	of treating physician.	
b. Addres	ss and phone number of treating physician:	
	yer of physician:	
	al specialty of physician:	
	eligibility/certification:	
	of evaluation of child:	
g. Location	on of evaluation:	
E Applicant	requests the sourt to	
	requests the court to:	ihad in agation 0 halaws or
	authorize the administration to the child of the psychotropic medication(s) description (page and address):	ibed in Section 9 below, or
D a	authorize (name and address):	
	who is the child's mother statutorily presumed father le	egal guardian as established by the
	Probate or Juvenile Court, to consent to the administration of the psychotropic r	
	The child's parent or legal guardian poses no danger to the child and has the ca	
	he medication(s) (describe bases for this statement):	spacify to admonate the daminion and to
_	1,1	
	Cont	inued on Attachment 5.
6. The child	has been diagnosed as suffering from the following mental disorder(s) (state D	SM–IV Diagnosis [Axes I to III]):
	5 · · · · · · · · · · · · · · · · · · ·	
	Cont	inued on Attachment 6.
	Cont	

Page one of four

CI —	HILD'S NAME:	CASE NUMBER:
7.	The child's relevant psychiatric history is as follows (specify current behaviors likely to be	helped by psychotropic medication):
В.	Other treatment interventions in addition to the requested medication(s) are:	ued on Attachment 7. Other <i>(describe)</i> :
	The following psychotropic medication is recommended: a. Name (trade and generic): b. Category: c. Anticipated range of dosage: d. Anticipated treatment duration: e. Alternative medications in same category (specify name of drug): f. Anticipated benefits to the child (specify): Medication is approved for pediatric use.	
10.	The relevant medical and medication history of the child is as follows (specify all medical including prescription and nonprescription medications): a. The possible interaction with the recommended medications is as follows (specify all	See Attachment 10.
	 b. The administration of the requested psychotropic medications will require the following of medications (specify any discontinuations or changes in dosages): 	_
11.	Significant adverse reactions, warnings/contraindications, drug interactions, withdrawal s full effect for each recommended medication are attached as narrative. attached as document prepared by manufacturer or health care provider.	See Attachment 10b. ymptoms, and anticipated time lag before
12.	The child has been informed of this request, the medications that are recommended possible adverse reactions. The child's response was (describe):	ed, their anticipated benefits, and their
	Continued on Attachment 12 (Child's own written atatement may be included)	
	Continued on Attachment 12. (Child's own written statement may be included.)	

C⊦ —	IILD'S NAME:	CASE NUMBER:		
13.	 a. The child's mother statutorily presumed father legal guardian has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. b No parent or guardian has been informed because (<i>state reasons</i>): 			
	c. The response of the parent or guardian was as follows:			
	d. A parent or legal guardian has not received notice because their whereabouts	continued on Attachment 13c. are unknown.		
14.	b The father's attorney does not oppose opposes the applications.	ation and requests a hearing. ation and requests a hearing. ation and requests a hearing.		
15.	5. The child's present caregiver has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. The response of the caregiver was as follows:			
16.	A psychiatrist has reviewed this application. The psychiatrist agrees.	Continued on Attachment 15.		
	The psychiatrist does not agree.			
17.	(Signature of psychiatrist) Other professionals who were informed and consulted (state names and professionals)	onal relationship to the case):		
18. Date	Other information or comments:	Continued on Attachment 18.		
	•			
	(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)		

CHILD'S NAME:	CASE NUMBER:
ORDER	
The matter is set for hearing within 5 court days on (date) The clerk is to notice all parties and counsel. The application for authorization to administer psychotropic medications is: Granted as requested Denied Granted, with the following modifications or conditions:	at (time):
The court finds that the parent poses no danger to the child and has the capacity psychotropic medications, and the request for such authority is granted As requested With the following modifications or conditions:	y to authorize the administration of
This order for authorization is effective until terminated or modified by court order whichever is earlier. If the physician named above is no longer treating the child who subsequently treat the child. If a new treating physician proposes an increase addition of other medications, a new application must be submitted.	I, the authorization may extend to physicians
Date:	
(TYPE OR PRINT NAME)	JUVENILE COURT JUDICIAL OFFICER)